# Vancouver Island Health Authority

# 2013/14 – 2015/16 SERVICE PLAN

**2013**

vancouver island health authority

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Vancouver Island Health Authority
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www.viha.ca

# Message from the Board Chair and Accountability Statement

On behalf of the Board of Directors of the Vancouver Island Health Authority (VIHA), I am pleased to submit our *2013/14 – 2015/16 Service Plan* which will be aligned with the organization's broader Five-Year Strategic Plan.

Both plans are "living documents" that allow us to be adaptive to the changing needs of our communities, while remaining accountable and transparent to the public. The plans support our continued commitment to providing high quality services that are accessible and sustainable to the region's residents in a thoughtful and responsive manner.

A key strategy outlined in our Service Plan is to better coordinate the care of our patients and clients. A prime example of this is the recently opened Oceanside Health Centre. The Centre offers improved care coordination and a single, state-of-the-art electronic health record that places complete information at the fingertips of the health care team, ensuring a focus not only on immediate care needs, but also on longer term health promotion and disease management.

Our health region faces a growing and a dramatically aging population. Our continued focus on quality improvement ensures all areas of our health system work together to provide patients and clients with the care they need. This includes:

- Improving the health of our residents and high needs populations through community partnerships and client and patient-centred delivery models;
- Focusing on clinical best practices, including: improving infection prevention and control, and medication safety;
- Implementing strategies to improve patient access to services;
- Continually reviewing processes to improve efficiency and effectiveness;
- Improving staff engagement, safety, and work life balance; and
- Strengthening physician partnerships.

The *2013/14 - 2015/16 Vancouver Island Health Authority Service Plan* was prepared under the Board's direction in accordance with the *Health Authorities Act* and the British Columbia Reporting Principles. The Service Plan is consistent with Government's strategic priorities and Strategic Plan, and the Ministry of Health's goals, objectives and strategies. The Board is accountable for the contents of the Plan.

As Board Chair, I am constantly impressed with the dedication that our staff, volunteers and physicians demonstrate on a daily basis towards achieving better health outcomes for all VIHA residents. As an organization, we will continue to seek innovative solutions to provide sustainable and accessible quality healthcare to our patients and clients.

Sincerely,

Don Hubbard
VIHA Board Chair
July 31, 2013

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# Organizational Overview

The Vancouver Island Health Authority (VIHA) is one of five regional health authorities established by the province of British Columbia under the *Health Authorities Act 2001*. VIHA provides health services to over 776,000 people across a widely varied geographic area of approximately 56,000 square kilometres. This area includes Vancouver Island, the Gulf and Discovery Islands and part of the mainland opposite northern Vancouver Island. An important part of our mandate is to serve the many remote and isolated communities in our region accessible only by water or air.

### Population We Serve

VIHA's population represents approximately 17 per cent of the entire population of British Columbia. Approximately half our population lives in the Victoria and Gulf Islands area. By 2019, our population is projected to grow by more than 6 per cent, or approximately 48,000 people. The most significant growth is expected in Sooke, Qualicum, Nanaimo, Courtenay and the Gulf Islands. The regions with the youngest populations are Mt. Waddington and Sooke, while those with the oldest populations are Saanich, Qualicum and the Gulf Islands.[1]

### Services We Provide

We provide a full range of dynamic and progressive health programs and services: public and environmental health, maternal and family health, home care and supports, primary health care, residential care, hospital care, mental health and substance use services, rehabilitation, and end-of-life care. We are able to meet virtually all health needs of people who live on Vancouver Island; only rarely must people seek services outside of VIHA for highly specialized needs.

*VIHA has...*

- *~1,800 physicians*
- *~18,000 staff*
- *Over 150 facilities*
- *~1,500 acute care & rehab beds*
- *~ 6,300 residential care beds & assisted living units*

### Governance and Leadership

A nine-member, government-appointed Board of Directors (the Board) governs VIHA. The Board's primary responsibility is to foster the Health Authority's short and long-term success, consistent with the Board's responsibility to the Government and the stakeholders the Health Authority serves. More information on the role of the Board is available at http://www.viha.ca/about_viha/board_of_directors/.

Working with the Board, and headed by our President and Chief Executive Officer (CEO), the Executive team provides leadership in planning, delivering and evaluating health services in VIHA in collaboration with the Government. The VIHA Board and Executive team are responsible for meeting the health needs of the population in an effective and sustainable manner. Under their leadership, we have an Integrated Health Services Model with seven clinical portfolios, each co-led by an Executive Medical Director and an Executive Director who have joint responsibility for the delivery of programs and services. These services are supported by a number of corporate services such as quality and patient safety, capital, planning and improvement, finance and human resources (See http://www.viha.ca/about_viha/organization).

[1] P.E.O.P.L.E. 2012 Population Data, BC STATS

# Strategic Context

The health system in British Columbia is a complex network of skilled professionals, organizations and groups that work together to provide value for patients and their families, the public and taxpayers. The key challenge facing the health system is to deliver a high performing sustainable health system (from prevention to end-of-life care) in the context of significant growth in demand.

Although the British Columbia health system effectively meets the majority of the population's health needs, it continues to be challenged by an increasing demand for health services. The most significant drivers of demand are the aging population; a rising burden of illness from chronic diseases, mental illness and cancer; and advances in technology and pharmaceuticals driving new costly procedures and treatments. The pressure is compounded by the need for new care delivery models by health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (i.e. buildings and equipment). In the current economic climate it is even more important for the health system to find new and creative ways to ensure the resources available for health care services are used effectively and in ways that most benefit the people of British Columbia.

British Columbia also faces a challenge in ensuring that all parts of society and all populations can access health services and enjoy good health. While the health status of Aboriginal people has improved significantly in several respects over the past few decades, the Aboriginal population in British Columbia continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other British Columbia residents. Government is working with First Nations, Metis and other partners to improve Aboriginal people's health and to close this gap in health status.

## The Aging Population

British Columbia's seniors population currently makes up 16 per cent of the total population and is expected to nearly double within the next 20 years, making it one of the fastest growing seniors populations in Canada.[2] The proportion within VIHA's catchment area is higher than the provincial average at just over 19 per cent. Roughly 3 per cent of our region's population is over the age of 84 and the number of people in this age cohort is growing, especially in the Nanaimo, Parksville/ Qualicum and Courtenay areas.[3] The aging population is a significant driver of demand because the need for health services rises dramatically with age. In 2009/10 people over age 65 made up 15 per cent of the B.C. population, but used 34 per cent of physician services, 49 per cent of acute care services, 47 per cent of PharmaCare expenditures, 76 per cent of home and community care services and 93 per cent of residential care services.[4] There is also an increasing need to provide appropriate care for those with frailty or dementia and to help seniors stay healthy, independent and in the community for as long as possible.

[2] P.E.O.P.L.E. 2012 Population Data, BC STATS
[3] P.E.O.P.L.E. 2012 Population Data, BC STATS
[4] Planning and Innovation Division, Ministry of Health; using MSP Expenditures 2009/10; Acute Care: Inpatient and Day Surgery workload weighted cases, DAD 2009/10; HCC community and Residential Care services by age group 2009/10, summed based on average unit costs.

## A Rising Burden of Chronic Disease

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis and asthma. People with chronic conditions represent approximately 38 per cent of the British Columbia population and consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.[5] Chronic diseases are more common in older populations and it is projected that the prevalence of chronic conditions could increase 58 per cent over the next 25 years,[6] becoming an even more significant driver of demand for health services. Chronic diseases can be prevented or delayed by addressing key risk factors, including physical inactivity, unhealthy eating, obesity, alcohol consumption and tobacco use.

## Advances in Technology and Pharmaceuticals

New treatments and technology development over the past decade include less invasive surgery, increased use of diagnostic imaging and the introduction of drug therapies that have made health care more efficient and effective. However, they have also led to a significant increase in demand for products and services. For example, the expansion of technology has seen the provincial number of CT exams increase by approximately 120 per cent and the number of MRI exams by almost 249 per cent between 2001/02 and 2011/12.[7] VIHA is actively developing an electronic health record (EHR) which will enable improved quality, efficiency and a better experience for patients and clients.

## Human Resources and Health System Infrastructure

Although attrition rates have decreased recently, looming retirements in the health workforce combined with the rising demand for services are still key challenges that will impact the Province's ability to maintain an adequate supply and mix of health professionals and workers. It is still important to plan and ensure that the health system has the required number of qualified healthcare providers entering the workforce. However, there is also need to continue focusing on redesigning care delivery models so that the skill sets of health care professionals are optimized and multidisciplinary teams are supported. Healthy, supportive workplaces that enhance work and promote education will attract and retain the workforce we need to provide quality services.

Another challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure. Across the island, VIHA facilities are on average more than 30 years old. Substantial improvements have occurred within our region with the opening of the new Emergency Department at Nanaimo Regional General Hospital and the June opening of the Oceanside Health Centre, which improves patient care and the staff working environment. However, other acute and residential care facilities, as well as medical and information technologies, will require significant investment over the next number of years. VIHA is moving forward with a number of important projects in this area.

The health system is faced with the continuous need to update or expand health facilities, medical equipment and information technology to ensure it provides high quality and safe health care to British Columbians.

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[5] Discharge Abstract Database (DAD), Medical Service Plan (MSP) and PharmaCare Data 2006/07

[6] British Columbia Ministry of Health, Medical Services Division, *Chronic Disease Projection Analysis*, March 2007, (2007-064); as cited in Primary Health Care Charter: a collaborative approach (2007), Ministry of Health

[7] HAMIS/OASIS, Management Information Branch, Planning and Innovation Division, Ministry of Health as of October 12, 2010

# Goals, Objectives, Strategies and Performance Measures

## Goal 1: Improved health for Island residents through strong partnerships.

**Objective 1.1: Population health is improved and disparities reduced.**

**Objective 1.2: Residents, community leaders and healthcare partners are actively working together to improve health.**

### Strategies

- Continue to develop partnerships with all communities to improve health of residents by addressing the broad determinants of health. Focus is on vulnerable populations (aboriginals, youth and adults with mental illness, and homeless) and communities with poorer health status.
- Collaborate with Aboriginal partners to develop and implement the annual plan to address the priorities identified in VIHA's Aboriginal Health Plan.
- Implement targeted healthy living and disease prevention initiatives to address the needs of high risk populations and to reduce health inequities in alignment with the B.C. Guiding Framework for Public Health.
- Create an Island-wide plan for Child and Youth Mental Health and Substance Use services in collaboration with the Ministry of Children and Family Development.

### Performance Measure 1: Healthy Communities

| Performance Measure | 2010/11 Baseline | 2013/14 Target | 2014/15 Target | 2015/16 Target |
|---|---|---|---|---|
| Percent of communities that have completed healthy living strategic plans | 0% | 30% | 36% | 42% |

**Data Source:** Survey, ActNow BC Branch, Population and Public Health Division, Ministry of Health.

### Discussion

Community efforts to support healthy living through planning, policy, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions will decrease the number of British Columbians who develop chronic diseases. The Ministry is advising communities on comprehensive healthy living plans and local governments and their regional health authorities are building closer working structures to facilitate health promotion at the community level.

# Goal 2: High quality client and patient centered care based on a culture of safety and excellence.

**Objective 2.1: Patients and clients are "partners in care".**

**Objective 2.2: Care is driven by patient and client needs, evidence and best practice.**

**Objective 2.3: Relentless pursuit of continuous learning, research and improvement.**

**Objective 2.4: Clients, patients and staff are safe at all times.**

## Strategies

- Design and implement processes and mechanisms that allow meaningful participation of patients in their care and in initiatives that influence how we provide service.
- Provide better access, quality of care, and service for patients by developing a cross-continuum action plan that improves appropriateness of care and will reduce acute care admissions.
- Advance the Quality Agenda through the Next Generation Electronic Health Record (EHR), including design and development of: integrated, person-centred care practices; evidence-based electronic clinical documentation; electronic orders management and clinical care management guidelines. This implementation of best practices will drive improvements in key quality and safety indicators such as medication reconciliation, surgical site infections, hospital standardized mortality rate, and falls in residential care.

## Performance Measure 2: Managing Chronic Disease in the Community

| Performance Measure | 2009/10 Baseline | 2013/14 Target | 2014/15 Target | 2015/16 Target |
|---|---|---|---|---|
| Number of people with a chronic disease admitted to hospital (per 100,000 people aged less than 75 years) | 235 | 220 | 215 | 210 |

**Data Source:** Discharge Abstract Database, Management Information Branch, Planning and Innovation Division, Ministry of Health

### Discussion

This performance measure tracks the number of people with selected chronic diseases, such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with chronic diseases need the expertise and support of family doctors and other health care providers to manage their disease in the community in order to maintain their functioning and reduce complications that will require more medical care. Proactive disease management reduces hospitalizations, emergency department visits, some surgeries and repeated diagnostic testing, all of which help to control the costs of health care. As part of a larger initiative of strengthening community based health care and support services, family doctors, home

health care providers and other health care professionals are working to provide better care in the community and at home to help people with chronic disease to remain as healthy as possible.

## Performance Measure 3: Home Health Care and Support for Seniors

| Performance Measure | 2009/10 Baseline | 2013/14 Target | 2014/15 Target | 2015/16 Target |
|---|---|---|---|---|
| Percent of people aged 75+ receiving home health care and support | 15.3% | 16.0% | 16.3% | 16.7% |

**Data Source**: P.E.O.P.L.E. 35, population estimates, BC Stats 2. Continuing Care Data Warehouse, Management Information Branch, Health System Planning Division, Ministry of Health. A small amount of baseline data is currently unavailable due to the transition to new reporting mechanisms. 3. Home and Community Care Minimum Reporting Requirements (HCCMRR) Data Warehouse, Management information Branch, Health System Planning Division, Ministry of Health.

### Discussion

This performance measure tracks the percent of seniors (aged 75+ yrs) who receive home health care such as home nursing and rehabilitative care, clinical social work, light housekeeping, assisted living and adult day programs. While the majority of seniors experience healthy aging at home, there is growing need for community care options to support those who can no longer live independently. This support helps people manage chronic disease and frailty, and may prevent falls or other incidents that can potentially result in hospital care or require a move to a residential care setting. As part of a larger initiative of strengthening community-based health care and support services, the health authorities are expanding home health care services and ensuring that high-risk seniors are made a priority in the provision of care. This focus, combined with the use of technology, can significantly improve health outcomes for seniors.

# Goal 3: A healthy, caring and engaged workforce supported by collaborative practice and strong leadership.

**Objective 3.1: Our staff do the right thing, innovate and grow.**
**Objective 3.2: Leaders are visionary and inspire transformative health system change.**
**Objective 3.3: Integrated teams provide effective and seamless health care.**
**Objective 3.4: Our workforce reflects the diversity of our communities.**

## Strategies

- Implement and accelerate collaborative, inter-professional teams to provide care based on the needs of the patient, including the spread of an integrated model of primary and community care, based on the recently opened Oceanside Health Centre.
- Build a quality workplace by strengthening the capacity of front-line leaders and physicians and providing supports to enhance their resiliency, operational and strategic effectiveness and ability to adapt to change.
- In response to the changing needs of our patients, improve our care with practice changes and optimized roles, scope and functions, and implement collaborative and inter-professional teams.
- Improve our relationships with physicians by better collaboration around strategic, organizational and clinical priorities, and continued development and implementation of a consistent, Island-wide physician credentialing process.
- Enhance internal reporting and support capacity to improve work life metrics and management controls.
- Develop employment opportunities with Aboriginal communities and increase Aboriginal employment in VIHA.

## Performance Measure 4: Nursing Overtime

| Performance Measure | 2010 Calendar Year Baseline | 2013/14 Target | 2014/15 Target | 2015/16 Target |
|---|---|---|---|---|
| Nursing overtime hours as a percent of productive nursing hours | 3.5% | <=3.4% | <=3.3% | <=3.3% |

**Data Source**: Based on calendar year. Health Sector Compensation Information System (HSCIS). Health Employers Association of British Columbia (HEABC).

### Discussion

This performance measure compares the amount of overtime worked by nurses to the overall amount of time nurses work. Overtime is a key indicator of the overall health of a workplace. High rates of overtime may reflect inadequate staffing or high levels of absenteeism, resulting in workload issues and increased costs. Reducing overtime rates by addressing the underlying causes not only assists in reducing direct and indirect costs to the health system, it also helps promote both patient and caregiver safety.

# Goal 4: Affordable health care that is sustainable through sound fiscal management and enhanced performance.

**Objective 4.1: Health services are delivered efficiently and effectively.**
**Objective 4.2: Resources are thoughtfully and strategically put to their best use.**

## Strategies

- Improve productivity and value by optimizing funding for Pay for Performance, leveraging the potential of the Provincial Collaborative Committee, and by participating in the HSSBC shared purchasing agent processes.
- Initiate a renewed focus and rigor for financial and risk management practices to ensure that we achieve a balanced budget and effectively manage risks.
- Strengthen accountability in third party service provider contracts.
- Develop a new Strategic Plan that focuses on the transformative imperative of VIHA.

## Performance Measure 5: Access to Surgery

| Performance Measure | 2011/12 Baseline | 2013/14 Target | 2014/15 Target | 2015/16 Target |
|---|---|---|---|---|
| Percent of non-emergency surgeries completed within the benchmark wait time | 69% | 75% | 80% | 87% |

**Data Source**: Surgical Wait Times Production (SWTP), Management Information Branch, Health System Planning Division, Ministry of Health. Notes:
1. The total wait time is the difference between the date the booking form is received at the hospital and the report date (end of the month). The day the booking form is received at the hospital is NOT counted.
2. This measure uses adjusted wait times that are calculated by excluding periods when the patient is unavailable from the total wait time.

### Discussion

In the last several years, British Columbia's health system has successfully reduced wait times for cataract, hip and knee replacement, hip fracture and cardiac surgeries. Expanded surgical activity and patient-focused funding, combined with continuous effort to foster innovation and efficiency in British Columbia's hospitals, will improve the timeliness of patients' access to an expanding range of surgical procedures. This performance measure will track whether non-emergency surgeries are completed within established benchmark wait times. These benchmark wait times are new and give a priority rating for each surgical patient, based on individual need. Because of the need to 'catch up' on surgeries for patients without a priority rating who have already been waiting, surgery for some patients with the new priority rating may be delayed.

# Financial Summary

| ($ millions) | 2012/13 Actual | 2013/14 Budget | 2014/15 Plan | 2015/16 Plan |
|---|---|---|---|---|
| OPERATING SUMMARY | | | | |
| **Provincial government sources** | 1,874.1 | 1,945.8 | 1,973.1 | 2,015.9 |
| **Non-provincial government sources** | 126.7 | 120.1 | 121.4 | 124.0 |
| **Total Revenue:** | 2,000.8 | 2,065.9 | 2,094.5 | 2,139.9 |
| **Acute Care** | 1,092.2 | 1,128.3 | 1,145.5 | 1,170.0 |
| **Residential Care** | 343.4 | 344.2 | 345.4 | 360.0 |
| **Community Care** | 227.1 | 235.2 | 242.0 | 244.3 |
| **Mental Health & Substance Use** | 143.2 | 158.3 | 159.4 | 160.8 |
| **Population Health & Wellness** | 55.5 | 59.5 | 60.5 | 61.3 |
| **Corporate** | 131.3 | 140.4 | 141.7 | 143.5 |
| **Total Expenditures:** | 1,992.7 | 2,065.9 | 2,094.5 | 2,139.9 |
| **Surplus (Deficit)** | 8.1 | - | - | - |
| CAPITAL SUMMARY | | | | |
| **Funded by Provincial Government** | 35.1 | 26.1 | 90.8 | 145.7 |
| **Funded by Foundations, Regional Hospital Districts, and other non-government sources** | 65.6 | 78.6 | 96.4 | 114.7 |
| **Total Capital Spending** | 100.7 | 104.7 | 187.2 | 260.4 |

Note: Health authorities were required to implement Public Sector Accounting Standards for fiscal 2012/13 which included expenditure reporting by sector. Refinements to sector expenditure reporting have been made since then to improve consistency, transparency and comparability.

# Capital Project Summary

Capital investment ensures health infrastructure is maintained and expanded to meet a growing population with increasing needs for health services. Capital assets such as buildings, information systems and equipment are key components of health care delivery and must be acquired and managed in the most effective and efficient manner possible. Funding for these assets is primarily provided through the Provincial government and through partnerships with Regional Hospital Districts, Hospital Foundations and Auxiliaries.

VIHA bases the development of its Capital and Information Management/Information Technology (IM/IT) Plans on the following principles:

- Capital investments must support the strategic direction of the organization;
- Investments must be backed by a rigorous examination of service delivery options and a business case analysis;
- Our use of existing infrastructure must be maximized and non-capital alternatives must be explored before new investment; and
- Our spending on capital assets must be managed within fiscal limits.

The following list is VIHA's approved capital projects over $2 million currently underway:

| Community Name | Facility location | Project Name | Total Project Cost ($ million) |
|---|---|---|---|
| Facility Projects | | | |
| Campbell River/Comox Valley | Campbell River and District General Hospital and Comox Valley Hospital | North Island Hospitals Project | 600.000 |
| Parksville | Parksville | Oceanside Health Centre | 16.883 |
| Saanichton | Saanich Peninsula Hospital | Post Anaesthetic Recovery Room Redevelopment | 3.452 |
| IM/IT Projects | | | |
| Integrated Ambulatory Endoscopy & Private Physician Office Electronic Medical Record | | | 3.504 |
| Next Generation Electronic Health Record | | | 102.202 |
| Technology Infrastructure | | | 3.836 |

# Contact Information

## VIHA EXECUTIVE OFFICE & GENERAL INQUIRIES

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***Fax:*** 250-370-8137

***Email***: patientcarequalityoffice@viha.ca

## CHIEF MEDICAL HEALTH OFFICER

***Mailing Address:***
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***After-Hours Emergencies Phone:*** 1-800-204-6166

***Fax:*** 250-519-3441

## VIHA BOARD OF DIRECTORS

Board Liaison:
Janet Shute - Email: janet.shute@viha.ca

# Hyperlinks to Additional Information

## VANCOUVER ISLAND HEALTH AUTHORITY

**HOMEPAGE** www.viha.ca

**FINDING CARE** http://www.viha.ca/finding_care/

**HEALTH INFORMATION** http://www.viha.ca/health_info/

**FIVE-YEAR STRATEGIC PLAN** http://www.viha.ca/about_viha/strategic_plan/

**BOARD OF DIRECTORS** http://www.viha.ca/about_viha/board_of_directors/

**ORGANIZATIONAL CHARTS** http://www.viha.ca/about_viha/organization/

**PERFORMANCE MEASURES** http://www.viha.ca/about_viha/accountability/performance_measures/

**NEWSLETTERS AND CEO UPDATE** http://www.viha.ca/about_viha/news/newsletters/

**DEPARTMENTS AND SERVICES** http://www.viha.ca/about_viha/departments_and_services/

## OTHER CONTACTS

**HEALTHLINK BC** http://www.healthlinkbc.ca/kbaltindex.asp or dial 8-1-1 to look up non-emergency health information and find publicly funded health services near you.

**COLLEGE OF PHYSICIANS AND SURGEONS** to find a physician https://www.cpsbc.ca/

**BRITISH COLUMBIA MINISTRY OF HEALTH** http://www.gov.bc.ca/health/index.html

**BRITISH COLUMBIA HEALTH AND SENIORS INFORMATION LINE** 1-800-465-4911

**MEDICAL SERVICES PLAN OF BRITISH COLUMBIA** 1-800-663-7100

**PHARMACARE** 1-800-663-7100

## OTHER HEALTH AUTHORITIES

**FRASER HEALTH AUTHORITY** www.fraserhealth.ca

**INTERIOR HEALTH AUTHORITY** www.interiorhealth.ca

**NORTHERN HEALTH AUTHORITY** www.northernhealth.ca

**PROVINCIAL HEALTH SERVICES AUTHORITY** www.phsa.ca

**VANCOUVER COASTAL HEALTH AUTHORITY** www.vch.ca